

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS - PLEASE TYPE OR PRINT

THE CLEVELAND MUSEUM OF ART

FIFTY-SECOND ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 5 to JUNE 13, 1971

(Money enclosed)
Permanent Address

2244 Scottwood Toledo
43620 LUCAS

Miss Mrs. Mr. Artist

SUZAN

FIRST NAME

Born in Cleveland Yes No

Entered Previous May Shows? Yes No

BRUNER

LAST NAME

Temporary Address

420 Temple New Haven Conn.
STREET CITY ZIP

Tel. (203) 436-0745

Collaborator

AREA CODE

(IF ANY)

Collect return shipment desired. Yes No

Shipping address

2244 Scottwood Toledo Ohio
43620

This form in triplicate is made up of N C R paper which does not require carbon paper.

One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection, the last week in April.

THE RETURNED COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 13, 1971.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Susan O Bruner
SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9:00 a.m.
to 4:45 p.m. at Museum Service Entrance (West side of Museum)

REJECTED ENTRIES: May 8 - May 15, 1971

ACCEPTED ENTRIES: June 19 - June 26, 1971

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE OF \$2.00 MARCH 13 THROUGH MARCH 20, 1971.

EACH BOX INDICATES A SEPARATE ENTRY

LIMIT OF 2 ENTRIES PER PERSON

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|----------------|------------------------|
| CATEGORY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | | | | |
| MEDIUM ACRYLIC silhouette | | | | |
| TITLE Two figures with accompanying | | | | |
| PRICE OR INSURANCE VALUE #300. | | SIZE 60" sq (5') | | |
| GRAPHICS AND PHOTOGRAPHY ONLY | | | | |
| NUMBER FOR SALE | NUMBER IN EDITION | PRICE UN-FRAMED | PRICE OF FRAME | NO. OF FRAMES FOR SALE |
| DO NOT WRITE IN THIS SECTION | | | | |
| <input checked="" type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | | | | |
| <i>925 (1)</i> | | | | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|----------------|------------------------|
| CATEGORY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | | | | |
| MEDIUM | | | | |
| TITLE | | | | |
| PRICE OR INSURANCE VALUE | | SIZE | | |
| GRAPHICS AND PHOTOGRAPHY ONLY | | | | |
| NUMBER FOR SALE | NUMBER IN EDITION | PRICE UN-FRAMED | PRICE OF FRAME | NO. OF FRAMES FOR SALE |
| DO NOT WRITE IN THIS SECTION | | | | |
| <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | | | | |
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| DATE RECEIVED | BY |
|---------------|----|
| 3/23 | MB |